

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

301

798

Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 12-15-00

Rec'd
H. 38666
#1022
KSD

1001828

Instructions

- Print in ink or type.
- Complete form and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 11.

1. NAME Reilly Mica Tara
Last First MI

2. BUSINESS PHONE (703) 267-1250
Area Code and Phone Number

3. BUSINESS ADDRESS c/o Office of General Counsel
11250 Waples Mill Rd. Fairfax VA 22030
Street and No. City State Zip

c/o Office of General Counsel
MAILING ADDRESS 11250 Waples Mill Rd. Fairfax VA 22030
Street and No. City State Zip

4. EMPLOYER National Rifle Association - Institute for Legislative Action (NRA-ILA)

c/o Office of General Counsel
5. EMPLOYER'S ADDRESS 11250 Waples Mill Rd. Fairfax VA 22030
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name National Rifle Association - Institute for Legislative Action (NRA-ILA)

c/o Office of General Counsel
Address 11250 Waples Mill Rd., Fairfax, VA 22030

Business or purpose Non-profit, membership organization

Does this person pay you? yes

If No, who pays you? N/A

LOBBYING REGISTRATION FORM

79B
Lobbyist's Registration Number

2. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____
3. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____
4. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [1 SA-R.S. 24:50 et seq.] has been deliberately omitted.

Sara Bully Mic

Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE
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REGISTRATION
ONLY